PASSPORT to Health Summit
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Examine the four objectives of the PASSPORT Program

1. Foster a medical home between provider and clients

a. How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?
   - We get a monthly list of who is ours, and it helps us keep track of the patients.
   - The back sheet that tells us who is no longer enrolled with us is helpful.
   - There is continuity of medical care for the client.
   - I like giving an authorization for other providers.

a. What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?
   - When other providers ask for authorization AFTER the care is given.
   - A lot of patients come to urgent care centers and don't feel like they have a medical home.
   - When a patient comes in to the ER without an emergency, we can't tell them to go away, and then we aren't paid. The patient perceives their condition to be emergent.
   - Collection of the co-pays is difficult.
   - Pediatrics have no co-pay.
   - The access issue: Going to the ER for a sore throat, rather than wait for an appointment that might be available even later that day.
   - Some of it is convenience care because the patients work and take off work for appointments.
   - Even if we can see the patient today, perhaps it's not at the time that is perfect for them, so they go to the ER instead for non-emergent care.

a. What do you suggest for the future? What other arrangements could better meet this objective? What do other payers do that you would like to see PASSPORT emulate?
   - Pediatrics should have a co-pay.
   - In most managed care, the patient is responsible for the referral, and that's a positive thing. Today if we don't get the referral, we have to write it off.
   - Tell the Medicaid population what the true costs are; give them an explanation of benefits they've received in the last quarter. Give them the tools to be accountable. (Some providers tell them at every visit.) Not to shame them, but to show them the benefit they are receiving, and that it's not a god-given right.
   - Promote Nurse First. It's an excellent program.
   - Provide walk-in hours at providers.

2. Assure adequate access to primary care

c. How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?
   - Some clinics have walk-in hours, Saturday hours, and same day appointments available.
   - Almost all Montana counties participate in Medicaid.
   - MEPS It is pretty much always up.
   - Disease Management Program clients. A provider asked about a specific client and diagnosis, and then did agree to see the patient after hearing that information. The personal touch of asking the provider and giving them the patient's information worked.

c. What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?
   - MEPS is not always accurate.
   - MEPS doesn't match the faxback and we're told it's the least reliable.
   - The patient doesn't understand his/her eligibility.
   - It's not easy for a lot of patients to sign up for Medicaid.
   - The de-linking of Medicaid and TANF is a problem. Many providers are playing catch-up signing up people for Medicaid. People's access to sign up for Medicaid is not what is should be.
   - Why does the application process take so long? It doesn't happen in one sitting, and needs to.
   - We shouldn't, but we have to prepare clients for all the programs they qualify for. Some counties are putting up barriers in the application process.
   - No show appointments are an absolute chronic problem. In one patient's case, I looked at the record and he had arrived for 4 of his 16 scheduled visits.
   - When we remind them of the co-pay when we remind them of the appointment, they don't show up for the appointment because on that day they have no money to pay it.
   - Reimbursement: For sick visits, I'm way over on Medicaid. For at least sick visits, it would be nice if I made some money and not always lose money. It's truly an access issues.
   - The reimbursement is so low that it encourages authorizations that aren't necessary. PCPs say "Do whatever" when we ask for authorization.
   - There aren't enough doctors who will accept Medicaid patients.
   - The Medicaid reimbursement for providers is inadequate and has not kept up with inflation.
   - Cab fare reimbursement for clients isn't reliable, and after three visits isn't allowed again.

a. What do you suggest for the future? What other arrangements could better meet this objective? What do other payers do that you would like to see PASSPORT emulate?
   - Make it easier to sign up for Medicaid.

- Make it simpler for clients to understand.
- Make the application less cumbersome the paperwork AND the process.
- Talk to the State OPA about increasing the speed of the application. Have uniformity across the state for the eligibility process, with consistency across the whole system.
- Encourage consistency by eligibility technicians in providing information to providers.
- Encourage CMS to allow for charging for no shows.
- Encourage accountability for showing up for their appointments.
- Institute a reward system for showing up for appointments and paying for co-pays. Make it similar to a credit rating and reward them with free co-pays.
- Make it something simpler, like home self-care books for the patients. Explain about when a person should go to a doctor. It's not a substitute, but have disease management protocols.
- Institute a reward system for calling Nurse First.

3. Encourage preventive care

a. How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?
   - Up to the age of a year and a half or two, providers get reimbursed. It's the same amount of insurance as with other insurances.
   - Nurse First is good for patients with chronic problems for parents, kids and adults.

b. What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?
   - It's hard in the client's eyes. It's hard to exercise and eat right; it's easier to take a pill.
   - We don't know what the usage of Nurse First is.
   - What is the reimbursement for preventive care for adults? I don't know.
   - There is confusion and it's odd that mammograms suddenly need authorization.
   - Is there preventive care for dental?
   - There is always a controversy about circumcisions. Families don't do it because of the expense, and don't come in for education about it. Then problems arise when the child is about two years old.

c. What do you suggest for the future? What other arrangements could better meet this objective? What do other payers do that you would like to see PASSPORT emulate?
   - Mammograms should not require a referral.
   - There needs to be better care and access to dental care. Patients come to the ER all the time with dental needs.
   - Cover dietician services for the population that is 21 years of age and older.
   - We're not encouraging well visits or physicals for adults to help them initiate a relationship with doctors. We're not encouraging preventive care at the onset of

their eligibility. Medicare does this!

- Consider a partial pay or something to encourage circumcision.

4. Reduce and control health care costs

a. How is PASSPORT successful in meeting this objective? What do you appreciate about it? What currently works smoothly?
   - Nurse First program.
   - PP will pay for weight scales to give to heart patients. You can write the patient a prescription and get them a scale.

c. What doesn't work as well as you need or want it to? What problems do you experience? What concerns do you have about this objective?
   - Reimbursements are too low. When it costs me money to see a patient, there is a problem.
   - Reimbursement for Medicare 100% coverage and Medicaid patients up to 80% of their allowable is a struggle. Providers are looking at not taking Medicare and Medicaid. Hospitals get full deductible and co-insurance; doctors don't.

c. What do you suggest for the future? What other arrangements could better meet this objective? What do other payers do that you would like to see PASSPORT emulate?
   - Expand Nurse First.
   - Address the fact there are parents of Medicaid kids and how do you differentiate? Expand the contracts for those parents so they know the number and use the same number to call for their own health care.
   - Keep patients out of the ER. See the earlier suggestions above.
   - Reduce no shows. Make the patients more accountable by charging them a fee or give them an incentive. Do anything to reduce them!
   - MEPS December changes and being able to see the records: Will it include x-rays and labs to avoid duplication of services for the same patient in a short time frame?
   - A lot of dollars aren't spent on primary care. To what extent can Medicaid keep the patient in less costly care?
   - Have discharge planners at the hospital coordinate with disease management nurses to help the patients avoid going back in the hospital.

Create your own model small work groups proposals

Model A suggestions

1. PASSPORT authorization required for in-patient only.
2. Cap funds / year (debit card type). Increase patient responsibility. Preventive visits are not included in this.
3. Cap the number of years people are eligible, not including those people with disabilities, etc.
4. Increase the reimbursement of dental care so more dentists will enroll.
5. Implement different benefit levels for different eligibility levels. Include levels on MEPS and have credit card type machines for benefits verification.
6. Implement work and volunteer requirement to receive benefits.

Model B suggestions

1. Make the patient more responsible.
2. Make the reimbursements higher. Some specific codes: UA, Quick Lock Visit.
3. Limit the number of visits, and when they go over the limit make them self-pay.
4. Limit Medicaid moms to one child. Provide birth control after one child.

Model C suggestions

1. Patient should ultimately be responsible to get referral.
2. Lower the hospital co-pay.
3. Cap co-pays.
4. Eliminate co-pays. Find a better way to have clients utilize healthcare appropriately.
5. Require one mandatory preventive visit each year. Co-pay not required for it. Or even if they don't make that well visit, make them lose their benefit.

Model D suggestions

1. Universal health care.
2. County offices referring people to CHIP Program.
3. Eliminate duplication of services such as CHIP and Medicaid application process.
4. Break down the barriers for enrollment by consumers.
5. Lower health insurance premiums.
6. Less greedy providers.
7. Co-pay for kid visits that are unnecessary, determined by providers.
8. Empower the patients.
9. Incentives for healthy habits.
10. Encourage little changes in behavior to impact their health, like walking the dog, and group walks for people with disabilities.
11. Provide better education on programs that are available, like after-school exercise and better diets. Start with kids to encourage healthier life styles.

Model E suggestions

1. Presumed eligibility for anyone.
    - Services available OR cost of plan determined by family income.
    - Poverty guidelines can be used, such as if they qualify for school lunches = presumed eligibility.
    - Services: Preventive, sick, prescriptions, disease management (CHF, DM, Asthma), Nurse First, Team Care, dental, hospital.
    - Cost share: Patient, employer, other insurance of health coverage. IHS.
2. CHIP administered through Medicaid. Currently separate administration, so there is more overhead.
3. Education of clients on an on-going basis if patient attends education on their insurance or returns postcard from educational mailing they get something, such as lower cost share, lower co-pay, or lower co-pay on prescriptions.

Preventive health care education: If they take part they get rewarded with incentives such as: gift certificate for prescription co-pay, $5.00 gift certificate, smoking cessation program, gym membership, YMCA membership, or sporting goods. If they take part in HgAlc Q 6 months, fill asthma prescriptions regularly, in-frequent ER visits, regular PAP/WCC/etc.

4. Nurse First Program is excellent. Urgent care and ER should not have to get referrals if patient calls Nurse First first.
    - Cost share with other insurance companies, such as if patient of Medicaid-covered child calls in for him or herself, but he/she is covered by another insurance that insurance should chip in. Method: Require insurance providers in this state to either provide own access to nurse advice line or to pay into Nurse First.
5. Provide incentives for providers to be part of the program.
    - Providers don't have to collect co-pays, and experience less hassle.
    - Higher reimbursement for services.
    - LESS paperwork!
    - Providers get these benefits only if they encourage patients to participate in Nurse First, Disease Management Program, or provide preventive care at appropriate intervals, if providers arrange "convenient care" hours for clients, etc.
    - This would improve access if more providers were willing.

Feedback and suggestions about Referrals

Work group 1 feedback and suggestions for the future

- Takes time out of staff / office / Medical Home. Make referrals for inpatients only.
- Do not perform audits. Not cost effective gas cost and travel time.
- Kill the referral form. Preventive care required by PCP to meet physician so patient knows the PCP and the patient can change. Only be allowed to change PCP twice a year.

Work group 2 feedback and suggestions for the future

- It s very little money for the paperwork involved.
- Ownership for referrals is on the doctors; it needs to be on the patients.
- Case management by provider needs to be reimbursed appropriately. No referral for urgent care or ER, but if not a covered services, patient is billed.
- Don t change the PASSPORT number quarterly please.
- On-line referral system must match the claim and number on ACS system. No paper referral. Not the responsibility of the provider to bill with authorization number on claim.
- No referral is working in insurance. Do away with PASSPORT authorization. Use utilization. Have Medicaid be the case manager, not the provider.
- Lower the costs or have Medicaid cover the cost of the point of service swipe machine.

Doing away with referrals: Should a specialist notify the PCP?

- If the patient is receiving services, I want to know so I can help them with the follow-up.
- I don t want them seeing specialists for services I can provide, and help make sure they are seeing the appropriate specialist for their condition.
- Handle it provider-to-provider with a note authorizing it.

How can we maintain the medical home?

- Provide incentives of no co-pay with the medical home, but keep it for specialists visits.
- Stress importance of preventive services by medical home provider.

Feedback and ideas about improving education about the Program

1. For providers

- Understand cost savings for disease management such as answering phone calls regarding weight gain in CHF early so avoid ER visit for $1000 or hospitalization for $10,000. Protocols.
- Think of Medicaid as our partner in preventive services and increase reimbursement. If Medicaid supports longer into the kids lives, educate on diet and exercise, everyone is on the same page telling kids and parents the same thing. Easier access to information: labs, studies, growth charts, BMI charts for kids, prescription fill rates.
- How to bill properly.

2. For clients

- Medical identification cards: Patients carry it, providers swipe it, and can determine what services are covered. This will help with referral eligibility as well! The card

includes the number of Nurse First.

- Educate patients that they need to be aware of coverage. Each time the card is presented at the provider office (or OPA?) they can find out what is available.
- Mailing to clients each month regarding what is available to them such as this amount of prescription benefit left, one preventive visit this year, etc. Referrals outstanding, or "You have been selected for a short quiz." Track utilization better with card.
- Sort postcard quiz sent to patients .... 10 second quiz ... scanned in correct answers when it is returned. Get incentive as reward. Quiz on reading preventive health care booklet sent that month.
- Other media for education: reading materials, DVDs, CDs, videos, cassette tapes, website.
- Free head phones, player, etc. as an incentive if they access website and fill out patient survey. Could answer question on access to care, how often they saw their provider in last 1-2 months, 1Z status, etc. Little teaching bullet points can be clicked on for each if patient wants more information.
- Medicaid is not a punitive system. Universal number = social security number.
- View Medicaid as PREVENTIVE health care – a good program. Encourage patient-focused health care. Patients have responsibility for their own health. Refocus the teaching and campaign. "Most of us" are into preventive care. "Rising tide raises all ships."
- Message: Instead of "crisis health care", only use it when absolute ... welfare idea.
- Think of it as PREVENTIVE care BEFORE you are in a medical crisis ... a "safety net," such as to get preventive care – WCC, Pap, mammogram, etc. Vits, WIC, Food Stamps, etc.
- Then maybe would be used only interim (between jobs) instead of from birth to death.
- Pediatric focus – invest money, time and effort into keeping good habits from the beginning. (Understand we have to have the money for disease management now for the poor health habits of the young, but public information campaign.**)**

Individual participant worksheets

1. What do you most want the Program to consider from today's conversations?

Hospital or providers at a hospital:

- Client responsibility: Empower the client to move forward, not stay on Medicaid.
- Require PASSPORT authorization for inpatient only.
- All the suggestions are viable and should be considered. Patients need to be responsible and the Medicaid cycle needs to be cut.
- Medical identification cards that actually can hold information like benefits and can accommodate an FMR.

Billing office staff or office managers:

- Reimbursement increase.
- Change the looks of the Medicaid card. They don't photocopy well; include PASSPORT provider name; and date that card was issued.
- Pediatric co-pay. More patients on Team Care or a tightened care plan to stop abuse. A way to decrease ER and urgent care visits. Expansion of Nurse First.
- Patient accountability. Increased compensation. Preventive health education for patients. Increased use of Nurse First.
- Frustration with Medicaid program and make positive changes. Make referral easier and patient responsible for lack of referral and compliance. Overhaul / remove current referral process. More reimbursement for provider.
- Doing away with referrals and using incentives to maintain medical home.

PCPs:

- Consider intensive case management for the real high risk, abusers, either in the form of increased rate for PCP or supply them ... Access for all patients: See the patient when they want to be seen.
- Help Medicaid become more preventive care.
- Patient responsibility.

Others:

- More incentive for PCP to provide care for restricted card or high risk patients.
- That they are being referred and evaluated for all programs. The clients and providers be as updated on the health care they are giving and receiving. Evaluating each patient for changing providers.
- No referral approval required except inpatient. Re-align the referral system no co-pay for PCP. Allow only two changes per year for PCP. MA application process: consider ALL MA program eligibility as well as CHIP. For preventive care, see PCP at least one time per year. Better dental access for patients.

2. What do you find the most frustrating about the current approaches?

Hospital or providers at a hospital:

- No true gate keeper for ER visits. ER hands are tied; they must see patient but don't get paid.
- Waste in system due to political reasons. We need to have CHIP administered through MCD. We could cover more patients by better management.

Billing office staff or office managers:

- Can't collect co-pays.
- Fax back for verification – takes too long to complete the process.
- Reimbursement levels.
- Too many – when to call, when not to call for a PASSPORT number.
- Lack of patient accountability and responsibility.
- Abuse of system, no patient responsibility for no referral, not showing for appointment.
- Obtaining referrals is on provider not on patient.

PCPs:

- No consequences to patients on Medicaid for not following the "rules." Private insurance people pay more for seeing providers outside the plan.
- Not enough reimbursement to make it worthwhile to see Medicaid patients. Not helping patients get off Medicaid. More preventive care.
- Patient responsibility.

Others:

- The most frustrating thing about Medicaid is patients who do not take responsibility for their health. However, this is not limited to only Medicaid patients. ALL patients should be treated the same – Medicaid, self-pay, and patients who have health insurance.
- Educating the patients on services.
- Referral process very time consuming.

3. What would make you a champion and supporter of PASSPORT, and truly advocate for it?

Hospital or providers at a hospital:

- Client responsibility and accountability. Who REALLY needs it and who uses and abuses it.
- Having the patient's PCP responsible.
- I'm an advocate but am somewhat concerned about the continued perceptions of Medicaid. Possibly change the name?

Billing office staff or office managers:

- Great Nurse First program.
- Promote items from above (Patient accountability. Increased compensation. Preventive health education for patients. Increased use of Nurse First). Address patient accountability and responsibility.

PCPs:

- I am an advocate for Nurse First / disease management. Make the application procedure more streamlined – real time approval.
- Increase Nurse First program.

- Positive changes in terms of the messages and attitudes of the program. I don't like punitive toward providers or patients ... only incentives.

Others:

- If Medicaid, providers and clients/patients could be on the same page, understand where and how it goes, and they better understand how health care is provided.
- Do away with co-pay. Require the requirement of maintaining a PCP for at least 6 months before being able to change monthly = better managed care. Better access to MA providers, patient being able to see a doctor within a day or two rather than a
- If Medicaid, providers and clients/patients could be on the same page, understand where and how it goes, and they better understand how health care is provided.

4. Other comments and suggestions

- PASSPORT provider community phys. (Partners in Care). Utilizing IHS also, more than PASSPORT provider Is there a point when this party should be required to change their PASSPORT provider to the Tribes since the provider is their actual primary?

Meeting evaluations summary

1. What were the **most** productive or helpful or interesting segments of today's meeting?
   - Nurse First program! Before ER visits.
   - The exchange of ideas of how to make PASSPORT better.
   - Realizing most of us have the same thoughts and concerns.
   - Discussions. Having physicians attend and participate was very interesting.
   - Enjoyed the interaction and the good ideas. Medicaid listening to providers.
   - How most providers are not interested in what's going on with their Medicaid patients.
   - The Summit was extremely well organized and kept one's interest. Interaction among the entire group was very informative and productive as it brought our many good suggestions and ideas.
   - Discussion groups and discussion of ideas.
   - Create our own model. Group activities.
   - Beki was a great facilitator. Doctors' input.
   - I think it was very productive letting the participants express their ideas on how things should be done.
   - Various perspectives from varied parties.
   - Getting out-of-the-box ideas.
   - Billing personnel seemed to have good insights. Glad to see the entire MCD staff here.

2. What were the **least** productive or helpful or interesting segments of the today's meting?
   - Nothing.
   - The referral systems.
   - All aspects were equally productive.
   - Punitive discussions toward Medicaid participants.

3. Did you **accomplish** what you wanted to accomplish? If so, what subjects or issues or topics were they? What, if anything, did you get out of the meeting?
   - Yes.
   - Yes, just to learn more and understand more.
   - Yes.
   - Yes. Being able to have our ideas written down and considered.
   - Yes to make sure the patients are evaluated for all programs.
   - Yes. Discussion of objectives good. Discussion of desired changes exciting. Very happy to hear MEPS will be brought up-to-date!
   - Yes, came to see what we're doing today, and what are the possible changes / improvements.
   - Yes.
   - Yes, general idea of patient responsibility and preventive care.

4.a. What **changes and improvements** do you suggest for future meetings like this one?

- More doctors at meetings.
- Nothing. Great meeting.
- How this meeting was run was the best I've been to.
- Overall, a good meeting.
- Go over more actual requirements for billing.
- Offer CMEs for providers?
- Give feedback on other Summits too.

4.b. What would you like to have left **exactly as it was** at this meeting? Keep these characteristics:

- A lot of interaction. Participant involvement.
- Small group discussions. Variety within the day presentations and group work.
- Yes.
- The availability of all the materials provided and the attendance of staff members that came to help answer questions and to add comments.
- Well put together.
- All of it.
- Everything (except the need to go over more actual requirements for billing) was good.
- Diversity of participants.
- Small groups helpful.

5. Any feedback about the materials you received prior to the Summit?

- They were interesting and helpful in basic understanding.
- Liked the books, etc.
- Have good information.
- Material was useful and informative.
- Good to have provided.
- I didn't receive any, despite e-mailing a week ahead.

6. Any other feedback, suggestions or ideas?

- Keep going like this. Keep communications open.
- It was very good information from various points of view of this Summit.
- Thank you all for coming.
- Share more information over the emails.
- Too many DPHHS staff.
- Nice to know the Nurse First line was appreciated by all people!